

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

OFFICE OF THE MEDICAL DIRECTOR

2.6 PARAMETERS FOR DISCHARGE PLANNING FOR OLDER ADULTS

02/26/2003

**I. Principle**

Within 24 hours prior to discharge, every patient should have a specific structured assessment to determine level of function and associated post-discharge needs.

**II. Process**

- A. Discharge assessment and planning should occur in a timely fashion that begins at admission.
- B. Discharge assessment and planning should involve clinicians with appropriate levels of clinical skill, and should involve collaboration and consultation with other individuals and agencies when necessary.
- C. Appropriate input into discharge planning should be sought from the patient, caregivers, outside healthcare providers, and other agencies involved with the welfare of the patient.
- D. The discharge assessment should determine the discharge plan.

**III. All Discharges Assessments Should Contain the Following Elements: *(based on history and evaluation at time of impending discharge)***

- A. Cognitive level
- B. Psychiatric diagnoses
- C. General medical conditions
- D. General functional level
- E. Neuromotor functional level (assess fall risk, gait balance)
- F. Specific disabilities
- G. Environmental risks assessment (e.g., wandering, driving, fire, sanitation)
- H. Ability to use appliances and services
- I. Ability to manage medication
- J. Ability to obtain services (medical, social, other)
- K. Need for and availability of caregiver support
- L. Financial resources
- M. Legal status (decision making capacity)
- N. Patient wishes
- O. Caregivers wishes (family, providers, agencies)
- P. Communication among caregivers
- Q. Nutritional screening (diet and preferences)
- R. Prognosis

**IV. All discharge assessment should contain the following instruments:**

- A. MMSE (Mini-Mental Status Examination, Folstein)
- B. GDS (Geriatric Depression Scale, Yeasavage)

- C. ADL (Activities of Daily Living, Kel, etc)
- D. IADL (Instrumental Activities of Daily Living,)
- E. Get Up and Go Test

**V. Certain patients identified by basic discharge assessment should receive a more detailed discharge assessment, which includes:**

- A. Alcohol/Substance Abuse (CAGE, Bush, MAST-G)
- B. Hearing/Vision
- C. Literacy/Language/Speech
- D. Suicide (Lettieri Risk Assessment)

**VI. Discharge plans should share the following features:**

- A. Consistent with level of cognitive ability at time of discharge
- B. Consistent with level of functional ability at time of discharge
- C. Address safety issues
- D. Address caregiver needs, skills, and availability
- E. Address fiscal resource issues
- F. Address fundamental guardianship and other legal issues
- G. Address future mental health needs
- H. Address future health needs

**VII. Documentation**

- A. All components of discharge assessment and planning should be comprehensively documented in the medical record, including informants, dates, involved individuals and agencies, and assessors.
- B. Copies of the discharge assessment and planning component of the medical record should be available to appropriate individuals and agencies at time of discharge.

Assessment Parameter at Discharge	Score	Consistent With Discharge plan Yes/No	Alternate plan
Cognitive level MMSE	/30		
Psychiatric diagnosis Screen for depression: GDS or____ Screen for substance abuse CAGE or____ Screen for suicidality: Littieri or____	/15 /4 High Mod Low		
Functional level ADL IADL	/6 /8		
Nutritional Assessment Diet/Preference	Adequate Inadequate		
Gait/Balance Get up and go Risk for falls	Good Poor High Low		
Safety Wandering Driving Fire arms	Yes No Yes No Yes No		
Ability to obtain services in D/C plan: Legal, entitlements, health care, mental health care, medication, socialization, nutrition, in-home assistance, transportation, housing Other_____	Good Poor Areas of concern:		
Ability to use services in D/C plan: Legal, entitlements, health care, mental health care, medication, socialization, nutrition, in-home assistance, transportation, housing Other_____	Good Poor Areas of concern:		
Need for caregiver Availability of caregiver	Yes No Good Poor		
Ability to manage medication per D/C plan Coordination of all medications (OTC, herbals)	Good Poor Yes No		
Declaration of Medical Necessity	Yes No N/A		
Legal status	Not conserved Conserved: LPS Probate w/Dementia powers Pending		
Legal Status consistent with discharge plan	Yes No		
Patient' s input Patient's wishes	Yes No Accepts Rejects		
Caregiver/family input Caregiver/family wishes	Yes No Accepts Rejects		
Other: Disabilities_____ Strengths_____			
Prognosis	Good Poor		
<b>Assessment and Input by:</b>			
Psychiatrist	Yes No		
Primary therapist	Yes No		
PMD/outpatient psychiatrist	Yes No		
Known previous agencies_____	Yes No N/A		
Accepting agencies_____	Yes No N/A		

Name: \_\_\_\_\_ ID: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_